

# YOUTH RECREATION CAMP LICENSE APPLICATION



Fee and completed applications are due at the WSEB office  
30 DAYS PRIOR TO THE CAMPS OPENING DATE



This license will be effective from  
June 1, 20\_\_\_\_ thru May 31, 20\_\_\_\_

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## LICENSE FEE IS \$50.00

Please include CHECK PAYABLE TO:

### NH STATE TREASURER

with the completed application form

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State of New Hampshire  
Department of Environmental Services  
Water Supply Engineering Bureau  
29 Hazen Drive, P.O.Box 95  
Concord, NH 03302-0095  
(603) 271-3139

### FOR DES OFFICE USE ONLY

Required Pre -Season Inspection

Name of Camp Inspector

Date of Check:

Check#:

License#:

Drinking Water Sample:

Sample OK:

EPA#:

Name of Camp

Located on Lake/River/Town Water

Street, City and Town location of Camp

Name of former camp (if new)

Is camp for the physically or mentally disabled:

Opening Date:

Closing Date:

Camp Director's Name  
(please print)

Name of Camp Owner/Organization  
(please print)

When Camp is Operating:

Mailing Address

When Camp is **NOT** Operating:

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Telephone#: \_\_\_\_\_

### Camp Population

### Accommodations

### Type of Camp

# of Boys: wk. bi-wk. mo.

Day Camp: ☐

# of Girls: wk. bi-wk. mo.

Residence Camp: ☐

# of Staff: \_\_\_\_\_

### Recreation

Horseback Riding ☐

Hiking ☐

Camping ☐

Physical Fitness ☐

Swimming ☐

Tennis ☐

Arts/Crafts ☐

Boating/Canoeing ☐

Pursuant to Env-Ws 1120.04(i), please complete the following or enclose a certified copy of a state criminal background check of the camp owner/operator:

Have you ever been convicted of any crime or adjudged liable for civil penalties or damages involving sexual or physical abuse of children:

Yes ☐ No ☐

If yes, give the date, location, and circumstances on a separate piece of paper and attach to the document.

I certify that there are no willful misrepresentations to the above statements and answers to the above questions.

Signature of Camp Owner/Operator (Required)

Date